

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BRT		
O.I.P.E. CLASSIFIER		68516	1499
FORMALITY REVIEW			1/16/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	1-01-99
1 1 ✓ ✓ ✓ =	10/17/01
3 2 ✓ ✓ ✓ =	
2 3 ✓ ✓ ✓ =	
3 4 ✓ ✓ ✓ =	
4 5 ✓ ✓ ✓ =	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE C